COMMENTS OF ROBERT ANDERSON ON SUBSTITUTE FOR HOUSE BILL NO. 5482 NOV. 14, 2016

MCL 5672(3) ADVANCE ILLNESS
ROBERT ANDERSON (RA) : The above definition is slightly different than the definition of the same term in MCL 333.5653(1)(a) which is also in the Health Code. I recommend using the same definition to eliminate confusion. The definition in 5653(1)(a) is:

> **"'Advanced illness', except as otherwise provided in this subdivision, means a medical or surgical condition with significant functional impairment that is not reversible by curative therapies and that is anticipated to progress toward death despite attempts at curative therapies of modulation, the time course of which may or may not be determinable through reasonable medical prognostication."**

MCL 5673(4) HEALTH FACILITY
RA (Robert Anderson) This definition is helpful to clarify that a POST is not generally used in a hospital.

5674(2) PATIENT
RA THIS DEFINITION MAKES SENSE BUT I QUESTION WHAT THE PHRASE "OR OTHER MEDICAL CONDITION" ADDS. IT SHOULD BE DELETED FOR CLARITY. NOTICE THAT THIS DEFINITION ADOPTS THE ABOVE DEFINITION OF "ADVANCED ILLNESS" IN 5672(3), WHICH IS ANOTHER REASON WHY IT SHOULD BE CONSISTENT WITH 5653(1)(a).

5674(3) PATIENT ADVOCATE
RA THIS DEFINITION MAKES SENSE.

5674(7) DEFINITION OF POST

RA THE SECOND SENTENCE SAYS THAT "A POST FORM IS NOT AN 'ADVANCE DIRECTIVE'". THE DELETION OF THIS SENTENCE IS RECOMMENDED BECAUSE IT IS NOT DEFINED IN ANY MICHIGAN STATUTE AND NATIONALLY THE WORD "ADVANCE DIRECTIVE" HAS DIFFERING MEANINGS AMONG THE MEDICAL AND LEGAL COMMUNITIES. THIS SENTENCE CAUSES UNNEEDED CONFUSION. SOME PRACTICIONERS REGARD A DNR, A LIVING WILL AND A HEALTH CARE POA AS ADVANCE DIRECTIVES; OTHERS FEEL THAT A DNR IS NOT AN ADVANCE DIRECTIVE. IN FACT, MICHIGAN LAW DOES NOT EVEN HAVE A LIVING WILL STATUTE. LATER IN THE INFORMATIONAL FORM, WE CAN EXPLAIN THAT THE POST FORM IS NOT UNILATERALLY DIRECTED BY THE PATIENT BUT RATHER IS A JOINT PATIENT/PHYSICIAN DIRECTED FORM.

5675(2)(C) VARIOUS RESIDENTIAL SETTINGS
RA THE DEFINITION OF "RESIDENTIAL SETTINGS" IS IMPLICITLY LIMITED TO ONLY LICENSED HEALTH FACILITIES AND FOSTER CARE. WHAT ABOUT UNLICENSED ASSISTED LIVING, INDEPENDENT LIVING APARTMENTS AND HOME SETTINGS? THESE OTHER RESIDENTIAL SETTINGS ARE COVERED IN THE MI DNR PROCEDURES ACT, SO WHY SHOULD THEY NOT BE COVERED FOR POST?
THE LIST OF RESIDENTIAL SETTINGS SHOULD ALSO INCLUDE "HOMES, APARTMENTS, ASSISTED LIVING FACILITIES".

5675 ADHOC COMMITTEE
RA THIS MAKES SENSE

5676(1) DESIGN OF POST FORM #1
RA THIS MAKES SENSE

5676(1)(A)(iv) THE FEEDING TUBE PROVISION

RA THIS SECTION PROPOSES A SECOND CONSENT AT TIME OF CRISIS IN ORDER TO WITHHOLD OR WITHDRAW A FEEDING TUBE IN ADDITION TO THE ORIGINAL CONSENT WHEY POST IS SIGHNED. THIS REQUIREMENT IS NOT ONLY CONTRARY TO THE FEEDING TUBE OPTION IN THE POLST/POST PROGRAMS IN ALL STATES WHICH HAVE THE PROGRAM BUT IT ALSO DEFEATS AN ESSENTIAL PURPOSE OF THE PROGRAM. THE OBVIOUS PURPOSE OF THE SECOND CONSENT AT TIME OF CRISIS IS THE PRESERVE LIFE BY GIVING THE PATIENT AN OPPORTUNITY TO OPT OUT OF AN EARLIER DECISION TO REFUSE A FEEDING TUBE. BUT THIS CRISIS OPT OUT ABILITY IN THE ILLINOIS POLST PROGRAM (2013) FOR FEEDING TUBES IS ACHIEVED IN THREE WAYS BY ALLOWING THE PATIENT OR REPRESENTATIVE TO: (1) SELECT A PRO-LIFE MIDDLE OPTION OF "Defined trial period of artificial nutrition by tube" IN THE ILLINOIS POLST FORM, (2) OPT OUT OF A TUBE REFUSAL OPTION AT TIME OF CRISIS, (3) LIBERALLY REVOKE THE ENTIRE POLST FORM AT ANY TIME, WHICH DEFAUTS INTO FULL TREATMENT.

I RECOMMEND THIS PROVISION BE DELETED, AND IN PLACE OF IT, OFFER ON THE POST FORM AN OPTION BY THE PATIENT OR THE REPRESENTATIVE "To revoke any treatment refusal option selected on this form" and REQUIRE THAT A FEEDING TUBE PROVISION IN THE POST FORM INCLUDES BOTH "an option for a defined trial period of artificial nutrition by tube" and "an option of long-term artificial nutrition by tube".

5676(1)(A)(v) AUTOMATIC REVOCATION

RA THIS PROVISION RQUIRES AUTOMATIC REVOCATION OF A PATIENT'S POST FORM WITHOUT THE PATIENT'S OR REPRESENTATIVE'S INPUT OR CONSENT IN 3 SITUATIONS: the expiration of one year, a "significant change" in the patient's medical condition, or a change in the patient's place of residence.

THIS IDEA DEPARTS FROM ALL OTHER STATE'S POLST/POST PROGRAMS. ALL OTHER STATES REQUIRE A "REVIEW" OF THE POLST/POST FORM IN THESE 3 CIRCUMSTANCES, NOT AUTOMATIC REVOCATION. I WOULD AGREE THAT REVOCATION AFTER ONE YEAR MAKES SOME SENSE, BUT CERTAINLY NOT UPON THE OTHER TWO SITUATIONS. ONE OF THE KEY PURPOSES OF THE POLST/POST PARADIGM IS THAT IT MOVES WITH THE ILL PATIENT AS THE ILL PATIENT CHANGES HER RESIDENCE; BUT A CHANGE IN SETTING WOULD VOID THE POST FORM. THE OTHER PROBLEM WITH AUTOMATIC REVOCATOIN IN THAT IT OCCURS WITHOUT THE PATIENT'S OR REPRESENTATIVE'S INPUT OR CONSENT.

5676(1)(A)(vii) POST IS VOID
RA THIS PROVISION MAKES SENSE EXCEPT FOR THE AUTOMATIC REVOCATOIN DISCUSSED ABOVE

5676(1)(B) INFORMATION FORM
RA THIS FORM IS A GREAT IDEA AND IT IS CONSISTENT WITH OTHER STATE'S POLST/POST PROGRAMS. HOWEVER, THE WORD "ASSUMES" SHOULD BE DELETED IN FAVOR OF "THE PATIENT WHO HAS COMPLETED A POST FORM IS ENCOURAGED TO ALSO APPOINT A PATIENT ADVOCATE IN A HEALTH CARE POWER OF ATTORNEY."

5676(1)(C) DEFINE RESIDENTIAL SETTING
RA SAME COMMENT AS ABOVE, CLARIFY THAT A HOME, APARTMENT AND ASSITED LIVING ARE INCLUDED AS RESIDENTIAL SETTINGS

5677(3) PATIENT ADVOCATE IMPLEMENTATION
RA THIS SHOULD BE ADDED TO PHYSICIAN VERIFICATIONS ON THE POST FORM: "THE ATTENDING HEALTH CARE PROFESSIONAL WHO SIGNS THE POST FORM WHICH HAS ALSO BEEN SIGNED BY A PATIENT ADVOCATE THAT THE PATIENT ADVOCATE HAS PROPER AUTHORITY UNDER MCL 700.5509."

5678 REVOCATION OF POST BY INTENTION ACTION
RA THIS PROVISTION IS CONSISTENT WITH OTHER STATES, SUCH AS ILLINOIS POST. NO RECOMMENDED CHANGES

5679(2) RELATION TO DNR PROCEDURES ACT
RA THIS PROVISION DISCUSSES MICHIGAN'S DNR PROCEDURES ACT AND HOW IT RELATES TO POST. I RECOMMEND THAT WE ADOPT THE APPROACH TAKEN BY THE STATE OF ILLINOIS WHICH WAS TO REPEAL ITS DNR ACT WHEN IT ENACTED ITS POLST. THIS IS BECAUSE POLST INCORPORATES A DNR OPTION JUST AS OUR MI POST WILL DO, MAKING OUR DNR ACT REDUNDANT. ANOTHER REASON TO DO THIS IS OFFER A PRO-LIFE OPTION TO DNR, WHICH IS IN MI POST, BUT IS NOT IN MI DNR ACT.

11/14/16
Comments of Robert Anderson Inside

DRAFT 1

SUBSTITUTE FOR

HOUSE BILL NO. 5482

A bill to amend 1978 PA 368, entitled

"Public health code,"

by amending section 20919 (MCL 333.20919), as amended by 2014 PA 312, and by adding part 56B and section 20192a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

PART 56B

PHYSICIAN ORDERS FOR SCOPE OF TREATMENT

SEC. 5671. (1) AS USED IN THIS PART, THE WORDS AND PHRASES DEFINED IN SECTIONS 5672 TO 5674 HAVE THE MEANINGS ASCRIBED TO THEM IN THOSE SECTIONS.

(2) IN ADDITION, ARTICLE 1 CONTAINS GENERAL DEFINITIONS AND PRINCIPLES OF CONSTRUCTION APPLICABLE TO ALL ARTICLES IN THIS CODE.

SEC. 5672. (1) "ACTUAL NOTICE" INCLUDES THE PHYSICAL PRESENTATION OF A POST FORM OR A REVOKED POST FORM, OR THE

ELECTRONIC TRANSMISSION OF A POST FORM OR A REVOKED POST FORM IF THE RECIPIENT OF THE FORM SENDS AN ELECTRONIC CONFIRMATION TO THE PATIENT, PATIENT REPRESENTATIVE, OR ATTENDING HEALTH PROFESSIONAL, WHO SENT THE ELECTRONIC TRANSMISSION, INDICATING THAT THE POST FORM OR REVOKED POST FORM HAS BEEN RECEIVED. ACTUAL NOTICE ALSO INCLUDES KNOWLEDGE OF A PATIENT'S INTENT TO REVOKE THE POST FORM BY A HEALTH PROFESSIONAL WHO IS TREATING THE PATIENT, BY AN ATTENDING HEALTH PROFESSIONAL, OR BY EMERGENCY MEDICAL SERVICES PERSONNEL.

(2) "ADULT FOSTER CARE FACILITY" MEANS THAT TERM AS DEFINED IN SECTION 3 OF THE ADULT FOSTER CARE LICENSING ACT, 1979 PA 218, MCL 400.703.

(3) "ADVANCED ILLNESS" MEANS A MEDICAL OR SURGICAL CONDITION WITH SIGNIFICANT FUNCTIONAL IMPAIRMENT THAT IS NOT REVERSIBLE BY CURATIVE THERAPIES AND THAT IS ANTICIPATED TO PROGRESS TOWARD DEATH DESPITE ATTEMPTS AT CURATIVE THERAPIES OR MODULATION.

MCL 5672(3) ADVANCE ILLNESS

ROBERT ANDERSON (RA) : The above definition is slightly different than the definition of the same term in MCL 333.5653(1)(a) which is also in the Health Code. I recommend using the same definition to eliminate confusion. The definition in 5653(1)(a) is:

> **"'Advanced illness', except as otherwise provided in this subdivision, means a medical or surgical condition with significant functional impairment that is not reversible by curative therapies and that is anticipated to progress toward death despite attempts at curative therapies of modulation, the time course of which may or may not be determinable through reasonable medical prognostication."**

(4) "ATTENDING HEALTH PROFESSIONAL" MEANS, SUBJECT TO THIS SUBSECTION, A PHYSICIAN, PHYSICIAN'S ASSISTANT, OR CERTIFIED NURSE PRACTITIONER, WHO HAS PRIMARY RESPONSIBILITY FOR THE TREATMENT OF A PATIENT AND ISSUES THE MEDICAL ORDERS ON A POST FORM. TO QUALIFY AS AN ATTENDING HEALTH PROFESSIONAL, A PHYSICIAN'S ASSISTANT OR CERTIFIED NURSE PRACTITIONER MUST ACT UNDER THE SUPERVISION OF THE PHYSICIAN IN A MANNER CONSISTENT WITH ARTICLE 15.

(5) "CERTIFIED NURSE PRACTITIONER" MEANS AN INDIVIDUAL LICENSED AS A REGISTERED PROFESSIONAL NURSE UNDER PART 172 WHO HAS BEEN ISSUED A SPECIALTY CERTIFICATION AS A NURSE PRACTITIONER BY THE MICHIGAN BOARD OF NURSING UNDER SECTION 17210.

SEC. 5673. (1) "EMERGENCY MEDICAL PROTOCOL" MEANS A PROTOCOL

AS THAT TERM IS DEFINED IN SECTION 20908.

(2) "EMERGENCY MEDICAL SERVICES PERSONNEL" MEANS THAT TERM AS DEFINED IN SECTION 20904, BUT DOES NOT INCLUDE AN EMERGENCY MEDICAL SERVICES INSTRUCTOR-COORDINATOR.

(3) "GUARDIAN" MEANS A PERSON WITH THE POWERS AND DUTIES TO MAKE MEDICAL TREATMENT DECISIONS ON BEHALF OF A PATIENT TO THE EXTENT GRANTED BY COURT ORDER UNDER SECTION 5314 OF THE ESTATES AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.5314.

(4) "HEALTH FACILITY" MEANS A HEALTH FACILITY OR AGENCY LICENSED UNDER ARTICLE 17. HEALTH FACILITY DOES NOT INCLUDE A HOSPITAL UNLESS SPECIFICALLY PROVIDED.

MCL 5673(4) HEALTH FACILITY
RA (Robert Anderson) This definition is helpful to clarify that a POST is not generally used in a hospital.

(5) "HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL LICENSED, REGISTERED, OR OTHERWISE AUTHORIZED TO ENGAGE IN THE PRACTICE OF A HEALTH PROFESSION UNDER ARTICLE 15.

(6) "HOSPITAL" MEANS THAT TERM AS DEFINED IN SECTION 20106.

(7) "INFORMATION FORM" MEANS THE FORM DESCRIBED IN SECTION 5676.

SEC. 5674. (1) "MEDICAL CONTROL AUTHORITY" MEANS THAT TERM AS DEFINED IN SECTION 20906.

(2) "PATIENT" MEANS AN ADULT WITH AN ADVANCED ILLNESS OR OTHER MEDICAL CONDITION THAT COMPROMISES HIS OR HER HEALTH SO AS TO MAKE DEATH WITHIN 1 YEAR FORESEEABLE THOUGH NOT A SPECIFIC OR PREDICTED PROGNOSIS.

5674(2) PATIENT
RA THIS DEFINITION MAKES SENSE BUT I QUESTION WHAT THE PHRASE "OR OTHER MEDICAL CONDITION" ADDS. IT SHOULD BE DELETED FOR CLARITY. NOTICE THAT THIS DEFINITION ADOPTS THE ABOVE DEFINITION OF "ADVANCED ILLNESS" IN 5672(3), WHICH IS ANOTHER REASON WHY IT SHOULD BE CONSISTENT WITH 5653(1)(a).

(3) "PATIENT ADVOCATE" MEANS AN INDIVIDUAL PRESENTLY AUTHORIZED TO MAKE [OR "CONSENT TO"? SEE, E.G., SECTION 5676(1)(A)(*ii*)] MEDICAL TREATMENT DECISIONS ON BEHALF OF A PATIENT WHO HAS BEEN DETERMINED TO BE UNABLE TO PARTICIPATE IN MEDICAL

TREATMENT DECISIONS UNDER SECTIONS 5506 TO 5515 OF THE ESTATES AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.5506 TO 700.5515.

5674(3) PATIENT ADVOCATE
RA THIS DEFINITION MAKES SENSE.

(5) "PERSON" MEANS THAT TERM AS DEFINED IN SECTION 1106 OR A GOVERNMENTAL ENTITY.

(6) "PHYSICIAN" MEANS THAT TERM AS DEFINED IN SECTION 17001 OR 17501.

(7) "PHYSICIAN ORDERS FOR SCOPE OF TREATMENT FORM" OR "POST FORM" MEANS THE FORM DESCRIBED IN SECTION 5676. A POST FORM IS NOT AN ADVANCE HEALTH CARE DIRECTIVE.

5674(7) DEFINITION OF POST

RA THE SECOND SENTENCE SAYS THAT "A POST FORM IS NOT AN 'ADVANCE DIRECTIVE'". THE DELETION OF THIS SENTENCE IS RECOMMENDED BECAUSE IT IS NOT DEFINED IN ANY MICHIGAN STATUTE AND NATIONALLY THE WORD "ADVANCE DIRECTIVE" HAS DIFFERING MEANINGS AMONG THE MEDICAL AND LEGAL COMMUNITIES. THIS SENTENCE CAUSES UNNEEDED CONFUSION. SOME PRACTICIONERS REGARD A DNR, A LIVING WILL AND A HEALTH CARE POA AS ADVANCE DIRECTIVES; OTHERS FEEL THAT A DNR IS NOT AN ADVANCE DIRECTIVE. IN FACT, MICHIGAN LAW DOES NOT EVEN HAVE A LIVING WILL STATUTE. LATER IN THE INFORMATIONAL FORM, WE CAN EXPLAIN THAT THE POST FORM IS NOT UNILATERALLY DIRECTED BY THE PATIENT BUT RATHER IS A JOINT PATIENT/PHYSICIAN DIRECTED FORM.

(8) "PHYSICIAN'S ASSISTANT" MEANS AN INDIVIDUAL LICENSED AS A PHYSICIAN'S ASSISTANT UNDER PART 170 OR PART 175.

(9) "WARD" MEANS THAT TERM AS DEFINED IN SECTION 1108 OF THE ESTATES AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.1108.

6.

SEC. 5675. (1) NOT LATER THAN 90 DAYS AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS PART, THE DIRECTOR SHALL APPOINT MEMBERS OF AND CONVENE AN AD HOC ADVISORY COMMITTEE. THE COMMITTEE SHALL CONSIST OF 11 MEMBERS APPOINTED AS FOLLOWS:

(A) FOUR MEMBERS OF THE COMMITTEE SHALL INCLUDE 1 INDIVIDUAL REPRESENTING EACH OF THE FOLLOWING:

(*i*) A HEALTH FACILITY OR AN ADULT FOSTER CARE FACILITY, OR AN ORGANIZATION OR PROFESSIONAL ASSOCIATION REPRESENTING HEALTH FACILITIES OR ADULT FOSTER CARE FACILITIES.

(*ii*) A PALLIATIVE CARE PROVIDER.

(*iii*) EMERGENCY MEDICAL SERVICES PERSONNEL.

(*iv*) A MEDICAL CONTROL AUTHORITY.

(B) SEVEN MEMBERS OF THE COMMITTEE MAY INCLUDE, BUT ARE NOT LIMITED TO, INDIVIDUALS REPRESENTING THE FOLLOWING:

(*i*) A HEALTH PROFESSIONAL.

(*ii*) A PATIENT ADVOCACY ORGANIZATION.

(2) WITHIN 180 DAYS AFTER THE COMMITTEE IS CONVENED, THE COMMITTEE SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT ON ALL OF THE FOLLOWING:

(A) SUBJECT TO SECTION 5676, THE CREATION OF A STANDARDIZED POST FORM.

(B) SUBJECT TO SECTION 5676, THE CREATION OF AN INFORMATION FORM.

(C) THE PROCEDURES FOR THE USE OF A POST FORM WITHIN VARIOUS RESIDENTIAL SETTINGS, INCLUDING, BUT NOT LIMITED TO, ADULT FOSTER CARE FACILITIES AND HEALTH FACILITIES.

5675(2)(C) VARIOUS RESIDENTIAL SETTINGS
RA THE DEFINITION OF "RESIDENTIAL SETTINGS" IS IMPLICITLY LIMITED TO ONLY LICENSED HEALTH FACILITIES AND FOSTER CARE. WHAT ABOUT UNLICENSED ASSISTED LIVING, INDEPENDENT LIVING APARTMENTS AND HOME SETTINGS? THESE OTHER RESIDENTIAL SETTINGS ARE COVERED IN THE MI DNR PROCEDURES ACT, SO WHY SHOULD THEY NOT BE COVERED FOR POST? THE LIST OF RESIDENTIAL SETTINGS SHOULD ALSO INCLUDE "HOMES, APARTMENTS, ASSISTED LIVING FACILITIES".

(D) THE CIRCUMSTANCES UNDER WHICH A PHOTOCOPY, FACSIMILE, OR DIGITAL IMAGE OF A COMPLETED POST FORM IS CONSIDERED VALID FOR PURPOSES OF A HEALTH PROFESSIONAL, A HEALTH FACILITY, AN ADULT CARE FACILITY, OR EMERGENCY MEDICAL SERVICES PERSONNEL COMPLYING WITH THE ORDERS FOR MEDICAL TREATMENT ON THE FORM.

(3) AFTER THE DEPARTMENT RECEIVES THE RECOMMENDATIONS FROM THE COMMITTEE UNDER SUBSECTION (2), THE COMMITTEE IS ABOLISHED.

(4) AS USED IN THIS SECTION, "COMMITTEE" MEANS THE AD HOC ADVISORY COMMITTEE APPOINTED UNDER SUBSECTION (1).

5675 ADHOC COMMITTEE
RA THIS MAKES SENSE

SEC. 5676. (1) THE DEPARTMENT, AFTER CONSIDERING THE RECOMMENDATIONS OF THE ADVISORY COMMITTEE UNDER SECTION 5675, SHALL DO ALL OF THE FOLLOWING:

(A) DEVELOP A STANDARDIZED POST FORM THAT HAS A DISTINCT FORMAT AND IS PRINTED ON A SPECIFIC STOCK AND COLOR OF PAPER TO MAKE THE FORM EASILY IDENTIFIABLE. THE DEPARTMENT SHALL INCLUDE ON THE POST FORM AT LEAST ALL OF THE FOLLOWING:

(*i*) A SPACE FOR THE PRINTED NAME OF THE PATIENT, THE PATIENT'S AGE, AND THE PATIENT'S DIAGNOSIS OR MEDICAL CONDITION THAT WARRANTS THE MEDICAL ORDERS ON THE POST FORM.

(*ii*) A SPACE FOR THE SIGNATURE OF THE PATIENT OR THE PATIENT REPRESENTATIVE WHO CONSENTS TO THE MEDICAL ORDERS INDICATED ON THE POST FORM AND A SPACE TO INDICATE THE DATE THE PATIENT OR THE PATIENT REPRESENTATIVE SIGNED THE FORM.

(*iii*) A SPACE FOR THE PRINTED NAME AND SIGNATURE OF THE ATTENDING HEALTH PROFESSIONAL WHO ISSUES THE MEDICAL ORDERS ON THE POST FORM.

5676(1) DESIGN OF POST FORM #1
RA THIS MAKES SENSE

Sec. 5676(1)(A)

8.

(iv) SECTIONS CONTAINING MEDICAL ORDERS THAT DIRECT SPECIFIC TYPES OR LEVELS OF TREATMENT TO BE PROVIDED IN A SETTING OUTSIDE OF A HOSPITAL TO WHICH A PATIENT OR A PATIENT REPRESENTATIVE MAY PROVIDE CONSENT. THE MEDICAL ORDERS ON THE POST FORM MAY DIRECT THE CIRCUMSTANCES UNDER WHICH A HEALTH PROFESSIONAL WHO IS TREATING THE PATIENT SHALL CONSULT WITH A PATIENT REPRESENTATIVE REGARDING CONSENTING TO THE WITHHOLDING OR WITHDRAWING OF MEDICALLY ASSISTED NUTRITION AND HYDRATION IF THE PATIENT IS UNABLE TO PARTICIPATE IN MEDICAL TREATMENT DECISIONS. THE ORDERS ON THE POST FORM MUST NOT AUTHORIZE THE WITHHOLDING OR WITHDRAWING OF MEDICALLY ASSISTED NUTRITION AND HYDRATION UNLESS THE PATIENT OR THE PATIENT REPRESENTATIVE CONSENTS TO WITHHOLDING OR WITHDRAWING MEDICALLY ASSISTED NUTRITION AND HYDRATION AT THE TIME MEDICALLY ASSISTED NUTRITION AND HYDRATION IS WITHHELD OR WITHDRAWN.

5676(1)(A)(iv) THE FEEDING TUBE PROVISION

RA THIS SECTION PROPOSES A SECOND CONSENT AT TIME OF CRISIS IN ORDER TO WITHHOLD OR WITHDRAW A FEEDING TUBE IN ADDITION TO THE ORIGINAL CONSENT WHEY POST IS SIGHNED. THIS REQUIREMENT IS NOT ONLY CONTRARY TO THE FEEDING TUBE OPTION IN THE POLST/POST PROGRAMS IN ALL STATES WHICH HAVE THE PROGRAM BUT IT ALSO DEFEATS AN ESSENTIAL PURPOSE OF THE PROGRAM. THE OBVIOUS PURPOSE OF THE SECOND CONSENT AT TIME OF CRISIS IS THE PRESERVE LIFE BY GIVING THE PATIENT AN OPPORTUNITY TO OPT OUT OF AN EARLIER DECISION TO REFUSE A FEEDING TUBE. BUT THIS CRISIS OPT OUT ABILITY IN THE ILLINOIS POLST PROGRAM (2013) FOR FEEDING TUBES IS ACHIEVED IN THREE WAYS BY ALLOWING THE PATIENT OR REPRESENTATIVE TO: (1) SELECT A PRO-LIFE MIDDLE OPTION OF "Defined trial period of artificial nutrition by tube" IN THE ILLINOIS POLST FORM, (2) OPT OUT OF A TUBE REFUSAL OPTION AT TIME OF CRISIS, (3) LIBERALLY REVOKE THE ENTIRE POLST FORM AT ANY TIME, WHICH DEFAUTS INTO FULL TREATMENT.

I RECOMMEND THIS PROVISION BE DELETED, AND IN PLACE OF IT, OFFER ON THE POST FORM AN OPTION BY THE PATIENT OR THE REPRESENTATIVE "To revoke any treatment refusal option selected on this form" and REQUIRE THAT A FEEDING TUBE PROVISION IN THE POST FORM INCLUDES BOTH "an option for a defined trial period of artificial nutrition by tube" and "an option of long-term artificial nutrition by tube".

9.

Sec. 5676(1)(A)

(v) A SPACE FOR THE DATE AND THE INITIALS OF EITHER THE ATTENDING HEALTH PROFESSIONAL AND THE PATIENT OR THE ATTENDING HEALTH PROFESSIONAL AND THE PATIENT REPRESENTATIVE. THE POST FORM MUST ALSO INCLUDE A STATEMENT THAT, BY DATING AND INITIALING THE POST FORM, THE INDIVIDUALS DESCRIBED IN THIS SUBPARAGRAPH CONFIRM THAT THE MEDICAL ORDERS ON THE FORM REMAIN IN EFFECT UNLESS 1 OR MORE OF THE FOLLOWING HAVE OCCURRED:

(A) ONE YEAR HAS EXPIRED SINCE THE PATIENT AND THE ATTENDING HEALTH PROFESSIONAL OR THE PATIENT REPRESENTATIVE AND THE ATTENDING HEALTH PROFESSIONAL HAVE SIGNED OR INITIALED THE POST FORM.

(B) THERE HAS BEEN A SIGNIFICANT CHANGE IN THE PATIENT'S MEDICAL CONDITION.

(C) THERE HAS BEEN A CHANGE IN THE PATIENT'S PLACE OF RESIDENCE.

5676(1)(A)(v) AUTOMATIC REVOCATION

RA THIS PROVISION RQUIRES AUTOMATIC REVOCATION OF A PATIENT'S POST FORM WITHOUT THE PATIENT'S OR REPRESENTATIVE'S INPUT OR CONSENT IN 3 SITUATIONS: the expiration of one year, a "significant change" in the patient's medical condition, or a change in the patient's place of residence.

THIS IDEA DEPARTS FROM ALL OTHER STATE'S POLST/POST PROGRAMS. ALL OTHER STATES REQUIRE A "REVIEW" OF THE POLST/POST FORM IN THESE 3 CIRCUMSTANCES, NOT AUTOMATIC REVOCATION. I WOULD AGREE THAT REVOCATION AFTER ONE YEAR MAKES SOME SENSE, BUT CERTAINLY NOT UPON THE OTHER TWO SITUATIONS. ONE OF THE KEY PURPOSES OF THE POLST/POST PARADIGM IS THAT IT MOVES WITH THE ILL PATIENT AS THE ILL PATIENT CHANGES HER RESIDENCE; BUT A CHANGE IN SETTING WOULD VOID THE POST FORM. THE OTHER PROBLEM WITH AUTOMATIC REVOCATOIN IN THAT IT OCCURS WITHOUT THE PATIENT'S OR REPRESENTATIVE'S INPUT OR CONSENT.

Sec. 5676(1)(A)

(*vi*) A STATEMENT THAT A PATIENT OR A PATIENT REPRESENTATIVE HAS THE OPTION OF EXECUTING A POST FORM AND THAT CONSENTING TO THE MEDICAL ORDERS ON THE POST FORM MUST BE VOLUNTARY.

(*vii*) A STATEMENT THAT THE POST FORM IS VOID IF ANY INFORMATION DESCRIBED IN SUBPARAGRAPH (*i*), (*ii*), OR (*iii*) IS NOT PROVIDED ON THE FORM OR IF [ANY OF THE CIRCUMSTANCES DESCRIBED IN SUBPARAGRAPH (*v*) (A), (B), OR (C) HAVE OCCURRED?]

5676(1)(A)(vii) POST IS VOID
RA THIS PROVISION MAKES SENSE EXCEPT FOR THE AUTOMATIC REVOCATOIN DISCUSSED ABOVE

(*viii*) A STATEMENT THAT IF A SECTION ON THE POST FORM REGARDING A SPECIFIC TYPE OR LEVEL OF TREATMENT IS LEFT BLANK, THE BLANK SECTION WILL BE INTERPRETED AS AUTHORIZING FULL TREATMENT FOR THE PATIENT FOR THAT TREATMENT, BUT A BLANK SECTION ON THE POST FORM REGARDING A SPECIFIC TYPE OR LEVEL OF TREATMENT DOES NOT INVALIDATE THE ENTIRE FORM OR OTHER MEDICAL ORDERS ON THE FORM.

(*ix*) A SPACE FOR THE PRINTED NAME AND CONTACT INFORMATION OF THE PATIENT ADVOCATE.

Sec. 5676(1)(B) Information Form

(B) DEVELOP AN INFORMATION FORM. THE DEPARTMENT SHALL INCLUDE ON THE INFORMATION FORM [AT LEAST?] ALL OF THE FOLLOWING:

(*i*) AN INTRODUCTORY STATEMENT IN SUBSTANTIALLY THE FOLLOWING FORM:

"THE POST FORM IS INTENDED TO BE USED AS PART OF AN ADVANCE CARE PLANNING PROCESS. THE POST FORM IS NOT INTENDED TO BE USED AS A STAND-ALONE ADVANCE HEALTH CARE DIRECTIVE THAT UNILATERALLY EXPRESSES THE PATIENT'S MEDICAL TREATMENT WISHES. THE POST FORM CONTAINS MEDICAL ORDERS THAT ARE JOINTLY AGREED TO BY THE PATIENT AND THE ATTENDING HEALTH PROFESSIONAL OR THE PATIENT REPRESENTATIVE AND THE ATTENDING HEALTH PROFESSIONAL. THE MEDICAL ORDERS ON THE POST FORM REFLECT BOTH THE PATIENT'S EXPRESSED WISHES OR BEST INTERESTS AND THE ATTENDING HEALTH PROFESSIONAL'S MEDICAL ADVICE OR RECOMMENDATION. AN ADVANCE CARE PLANNING PROCESS THAT UTILIZES THE POST FORM ASSUMES [WHAT DO YOU MEAN BY "ASSUMES"?] THAT A PATIENT SIGNING A POST FORM HAS DESIGNATED OR WILL DESIGNATE AN INDIVIDUAL TO SERVE AS THE PATIENT ADVOCATE TO MAKE [CONSENT TO? SEE, E.G., SECTION 5676(1)(A)(*ii*)] FUTURE MEDICAL DECISIONS IF THE PATIENT BECOMES UNABLE TO DO SO.".

5676(1)(B) INFORMATION FORM
RA THIS FORM IS A GREAT IDEA AND IT IS CONSISTENT WITH OTHER STATE'S POLST/POST PROGRAMS. HOWEVER, THE WORD "ASSUMES" SHOULD BE DELETED IN FAVOR OF "THE PATIENT WHO HAS COMPLETED A POST FORM IS ENCOURAGED TO ALSO APPOINT A PATIENT ADVOCATE IN A HEALTH CARE POWER OF ATTORNEY."

(*ii*) AN EXPLANATION OF WHO IS CONSIDERED A PATIENT WITH AN ADVANCED ILLNESS FOR PURPOSES OF EXECUTING A POST FORM UNDER THIS PART.

(*iii*) AN EXPLANATION OF HOW A PATIENT ADVOCATE IS DESIGNATED UNDER SECTIONS 5506 TO 5515 OF THE ESTATES AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.5506 TO 700.5515.

Sec 5676(1)(B)&(C)

(iv) A STATEMENT INDICATING THAT, BY SIGNING THE INFORMATION FORM, THE PATIENT OR THE PATIENT REPRESENTATIVE ACKNOWLEDGES THAT HE OR SHE HAD THE OPPORTUNITY TO REVIEW THE INFORMATION FORM BEFORE EXECUTING A POST FORM.

(v) A SPACE FOR THE SIGNATURE OF THE PATIENT OR THE PATIENT REPRESENTATIVE AND A SPACE TO INDICATE THE DATE THE PATIENT OR THE PATIENT REPRESENTATIVE REVIEWED THE INFORMATION FORM.

(C) PROMULGATE RULES FOR THE PROCEDURES FOR THE USE OF A POST FORM WITHIN VARIOUS RESIDENTIAL SETTINGS INCLUDING, BUT NOT LIMITED TO, ADULT FOSTER CARE FACILITIES AND HEALTH FACILITIES. THE RULES MUST ALSO INCLUDE, BUT ARE NOT LIMITED TO, THE CIRCUMSTANCES UNDER WHICH A PHOTOCOPY, FACSIMILE, OR DIGITAL IMAGE OF A COMPLETED POST FORM WILL BE CONSIDERED VALID FOR PURPOSES OF A HEALTH PROFESSIONAL, A HEALTH FACILITY, AN ADULT FOSTER CARE FACILITY, OR EMERGENCY MEDICAL SERVICES PERSONNEL COMPLYING WITH THE MEDICAL ORDERS ON THE FORM.

5676(1)(C) DEFINE RESIDENTIAL SETTING
RA SAME COMMENT AS ABOVE, CLARIFY THAT A HOME, APARTMENT AND ASSITED LIVING ARE INCLUDED AS RESIDENTIAL SETTINGS

(2) THE DEPARTMENT MAY PUBLISH INFORMATION OR MATERIALS REGARDING THE POST FORM ON THE DEPARTMENT'S WEBSITE.

SEC. 5677. (1) THE FOLLOWING INDIVIDUALS MAY CONSENT TO THE MEDICAL ORDERS CONTAINED ON A POST FORM:

(A) IF A PATIENT IS OF SOUND MIND AND CAPABLE OF PARTICIPATING IN MEDICAL TREATMENT DECISIONS, THE PATIENT.

(B) SUBJECT TO SUBSECTION (2), EITHER OF THE FOLLOWING:

(*i*) A PATIENT REPRESENTATIVE WHO IS A PATIENT ADVOCATE.

(*ii*) A PATIENT REPRESENTATIVE WHO IS A GUARDIAN AFTER COMPLYING WITH SECTION 5314 OF THE ESTATES AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.5314.

(2) IF A PATIENT REPRESENTATIVE IS CONSENTING TO THE MEDICAL ORDERS CONTAINED ON THE POST FORM, THE PATIENT REPRESENTATIVE SHALL COMPLY WITH THE PATIENT'S EXPRESSED WISHES. IF THE PATIENT'S WISHES ARE UNKNOWN, THE PATIENT REPRESENTATIVE SHALL CONSENT TO THE MEDICAL ORDERS IN THE FOLLOWING MANNER:

(A) IF THE PATIENT REPRESENTATIVE IS A GUARDIAN, IN A MANNER THAT IS CONSISTENT WITH THE PATIENT'S BEST INTEREST.

(B) IF THE PATIENT REPRESENTATIVE IS A PATIENT ADVOCATE, SUBJECT TO SECTION 5509(1)(E) OF THE ESTATES AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.5509.

(3) BEFORE A PATIENT AND AN ATTENDING HEALTH PROFESSIONAL OR A PATIENT REPRESENTATIVE AND AN ATTENDING HEALTH PROFESSIONAL SIGN A POST FORM, THE ATTENDING HEALTH PROFESSIONAL SHALL PROVIDE THE PATIENT OR THE PATIENT REPRESENTATIVE WITH THE INFORMATION FORM. THE ATTENDING HEALTH PROFESSIONAL SHALL ALSO CONSULT WITH THE PATIENT OR PATIENT REPRESENTATIVE AND EXPLAIN TO THE PATIENT OR PATIENT REPRESENTATIVE THE NATURE AND CONTENT OF THE POST FORM AND THE MEDICAL IMPLICATIONS OF THE MEDICAL ORDERS CONTAINED ON THE POST FORM. THE PATIENT OR PATIENT REPRESENTATIVE SHALL SIGN THE

Sec. 5677(3)

INFORMATION FORM AT THE TIME HE OR SHE SIGNS THE POST FORM UNDER THIS SUBSECTION. THE ATTENDING HEALTH PROFESSIONAL WHO SIGNS THE POST FORM SHALL PLACE THE INFORMATION FORM THAT IS SIGNED BY THE PATIENT OR THE PATIENT REPRESENTATIVE IN THE PATIENT'S PERMANENT MEDICAL RECORD. THE ATTENDING HEALTH PROFESSIONAL WHO SIGNS THE POST FORM SHALL ALSO OBTAIN A COPY OR DUPLICATE OF THE POST FORM AND MAKE THAT COPY OR DUPLICATE PART OF THE PATIENT'S PERMANENT MEDICAL RECORD. THE PATIENT OR THE PATIENT REPRESENTATIVE SHALL MAINTAIN POSSESSION OF THE ORIGINAL POST FORM.

5677(3) PATIENT ADVOCATE IMPLEMENTATION
RA THIS SHOULD BE ADDED TO PHYSICIAN VERIFICATIONS ON THE POST FORM: "THE ATTENDING HEALTH CARE PROFESSIONAL WHO SIGNS THE POST FORM WHICH HAS ALSO BEEN SIGNED BY A PATIENT ADVOCATE THAT THE PATIENT ADVOCATE HAS PROPER AUTHORITY UNDER MCL 700.5509."

SEC. 5678. (1) THE FOLLOWING INDIVIDUALS MAY REVOKE A POST FORM UNDER THE FOLLOWING CIRCUMSTANCES:

(A) THE PATIENT MAY REVOKE THE POST FORM AT ANY TIME AND IN ANY MANNER THAT THE PATIENT IS ABLE TO COMMUNICATE HIS OR HER INTENT TO REVOKE THE POST FORM. IF A PATIENT IS UNABLE TO PHYSICALLY REVOKE THE POST FORM IN THE MANNER DESCRIBED IN SUBSECTION (2), AN INDIVIDUAL WHO WITNESSES THE PATIENT'S EXPRESSED INTENT TO REVOKE THE POST FORM SHALL DESCRIBE IN WRITING THE CIRCUMSTANCES OF THE REVOCATION, MUST SIGN THE WRITING, AND SHALL PROVIDE THE WRITING TO THE INDIVIDUALS DESCRIBED IN SUBSECTION (2), AS APPLICABLE.

(B) THE PATIENT REPRESENTATIVE MAY REVOKE THE POST FORM AT ANY TIME THE PATIENT REPRESENTATIVE CONSIDERS REVOKING THE POST FORM TO BE CONSISTENT WITH THE PATIENT'S WISHES OR IN THE PATIENT'S BEST INTEREST.

(C) IF A CHANGE IN THE PATIENT'S MEDICAL CONDITION MAKES THE MEDICAL ORDERS ON THE POST FORM CONTRARY TO GENERALLY ACCEPTED HEALTH CARE STANDARDS, THE ATTENDING HEALTH PROFESSIONAL WHO SIGNED THE POST FORM MAY REVOKE THE POST FORM. IF AN ATTENDING HEALTH PROFESSIONAL REVOKES A POST FORM UNDER THIS SUBDIVISION, HE OR SHE SHALL TAKE REASONABLE ACTIONS TO NOTIFY THE PATIENT OR THE PATIENT REPRESENTATIVE OF THE REVOCATION AND THE CHANGE IN THE PATIENT'S MEDICAL CONDITION THAT WARRANTED THE REVOCATION OF THE POST FORM.

(2) TO REVOKE THE POST FORM, A PATIENT, PATIENT REPRESENTATIVE, OR ATTENDING HEALTH PROFESSIONAL SHALL WRITE "REVOKED" OVER THE SIGNATURE OF THE PATIENT OR PATIENT

Sec. 5678(2)

REPRESENTATIVE, AS APPLICABLE, AND OVER THE SIGNATURE OF THE ATTENDING HEALTH PROFESSIONAL WHO SIGNED THE POST FORM. IF A PATIENT REPRESENTATIVE REVOKES THE POST FORM, THE PATIENT REPRESENTATIVE SHALL TAKE REASONABLE ACTIONS TO NOTIFY 1 OR MORE OF THE FOLLOWING OF THE REVOCATION:

(A) THE ATTENDING HEALTH PROFESSIONAL.

(B) A HEALTH PROFESSIONAL WHO IS TREATING THE PATIENT.

(C) THE HEALTH FACILITY THAT IS DIRECTLY RESPONSIBLE FOR THE MEDICAL TREATMENT OR CARE AND CUSTODY OF THE PATIENT.

5678 REVOCATION OF POST BY INTENTION ACTION
RA THIS PROVISTION IS CONSISTENT WITH OTHER STATES, SUCH AS ILLINOIS POST. NO RECOMMENDED CHANGES

SEC. 5679. (1) IN AN ACUTE CARE SETTING, A HEALTH PROFESSIONAL WHO IS TREATING THE PATIENT MAY USE A COMPLETED POST FORM AS A COMMUNICATION TOOL.

(2) EMERGENCY MEDICAL SERVICES PERSONNEL SHALL PROVIDE OR WITHHOLD TREATMENT TO A PATIENT ACCORDING TO THE ORDERS ON A POST FORM UNLESS ANY OF THE FOLLOWING APPLY:

(A) THE EMERGENCY MEDICAL SERVICES BEING PROVIDED BY THE EMERGENCY MEDICAL SERVICES PERSONNEL ARE NECESSITATED BY AN INJURY OR MEDICAL CONDITION THAT IS UNRELATED TO THE DIAGNOSIS OR MEDICAL CONDITION THAT IS INDICATED ON THE PATIENT'S POST FORM.

(B) THE ORDERS ON THE POST FORM REQUEST MEDICAL TREATMENT THAT IS CONTRARY TO GENERALLY ACCEPTED HEALTH CARE STANDARDS OR EMERGENCY MEDICAL PROTOCOLS.

(C) THE POST FORM CONTAINS A MEDICAL ORDER REGARDING THE INITIATION OF RESUSCITATION IF THE PATIENT SUFFERS CESSATION OF BOTH SPONTANEOUS RESPIRATION AND CIRCULATION, AND THE EMERGENCY MEDICAL SERVICES PERSONNEL HAS ACTUAL NOTICE OF A DO-NOT-RESUSCITATE ORDER THAT WAS EXECUTED UNDER THE MICHIGAN DO-NOT-

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Sec. 5679(2)

RESUSCITATE PROCEDURE ACT, 1996 PA 193, MCL 333.1051 TO 333.1067, AFTER THE POST FORM WAS VALIDLY EXECUTED. AS USED IN THIS SUBDIVISION, "ACTUAL NOTICE" MEANS THAT TERM AS DEFINED IN SECTION 2 OF THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT, 1996 PA 193, MCL 333.1052. [PLEASE REVIEW THIS WITH HB 5479 AND ADVISE IF IT IS INCONSISTENT WITH YOUR INTENT.]

5679(2) RELATION TO DNR PROCEDURES ACT
RA THIS PROVISION DISCUSSES MICHIGAN'S DNR PROCEDURES ACT AND HOW IT RELATES TO POST. I RECOMMEND THAT WE ADOPT THE APPROACH TAKEN BY THE STATE OF ILLINOIS WHICH WAS TO REPEAL ITS DNR ACT WHEN IT ENACTED ITS POLST. THIS IS BECAUSE POLST INCORPORATES A DNR OPTION JUST AS OUR MI POST WILL DO, MAKING OUR DNR ACT REDUNDANT. ANOTHER REASON TO DO THIS IS OFFER A PRO-LIFE OPTION TO DNR, WHICH IS IN MI POST, BUT IS NOT IN MI DNR ACT.

(3) IF A HEALTH PROFESSIONAL OR HEALTH FACILITY IS UNWILLING TO COMPLY WITH THE MEDICAL ORDERS ON A VALIDLY EXECUTED POST FORM BECAUSE OF A POLICY, RELIGIOUS BELIEF, OR MORAL CONVICTION, THE HEALTH PROFESSIONAL OR HEALTH FACILITY SHALL TAKE ALL REASONABLE STEPS TO REFER OR TRANSFER THE PATIENT TO ANOTHER HEALTH PROFESSIONAL OR HEALTH FACILITY. IF AN ADULT FOSTER CARE FACILITY IS UNWILLING TO COMPLY WITH THE MEDICAL ORDERS ON A VALIDLY EXECUTED POST FORM FOR THE REASONS DESCRIBED IN THIS SUBSECTION, THE ADULT FOSTER CARE FACILITY SHALL TAKE ALL REASONABLE STEPS TO REFER OR TRANSFER THE PATIENT TO ANOTHER ADULT FOSTER CARE FACILITY AS PROVIDED IN SECTION 26C OF THE ADULT FOSTER CARE LICENSING ACT, 1979 PA 218, MCL 400.726C.

SEC. 5680. A PERSON IS NOT SUBJECT TO CRIMINAL PROSECUTION, CIVIL LIABILITY, OR PROFESSIONAL DISCIPLINARY ACTION FOR ANY OF THE FOLLOWING:

(A) PROVIDING MEDICAL TREATMENT THAT IS CONTRARY TO THE MEDICAL ORDERS INDICATED ON A POST FORM IF THE PERSON DID NOT HAVE ACTUAL NOTICE OF THE POST FORM.

(B) PROVIDING MEDICAL TREATMENT THAT IS CONSISTENT WITH THE MEDICAL ORDERS INDICATED ON A POST FORM IF THE PERSON DID NOT HAVE ACTUAL NOTICE THAT THE POST FORM WAS REVOKED.

(C) PROVIDING EMERGENCY MEDICAL SERVICES CONSISTENT WITH GENERALLY ACCEPTED HEALTH CARE STANDARDS OR EMERGENCY MEDICAL PROTOCOLS AS PROVIDED IN SECTION 5679, REGARDLESS OF THE MEDICAL ORDERS INDICATED ON THE POST FORM.

SEC. 5681. (1) IF A POST FORM IS VALIDLY EXECUTED AFTER A PATIENT ADVOCATE DESIGNATION THAT CONTAINS WRITTEN DIRECTIVES REGARDING MEDICAL TREATMENT, THE MEDICAL ORDERS INDICATED ON THE POST FORM ARE PRESUMED TO EXPRESS THE PATIENT'S CURRENT WISHES.

(2) IF A POST FORM IS VALIDLY EXECUTED AFTER A DO-NOT-RESUSCITATE ORDER IS EXECUTED UNDER THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT, 1996 PA 193, MCL 333.1051 TO 333.1067, THE MEDICAL ORDERS INDICATED ON THE POST FORM ARE PRESUMED TO EXPRESS THE PATIENT'S CURRENT WISHES.

SEC. 5682. IF AN INDIVIDUAL HAS REASON TO BELIEVE THAT A POST FORM HAS BEEN EXECUTED CONTRARY TO THE WISHES OF THE PATIENT OR, IF THE PATIENT IS A WARD, CONTRARY TO THE WISHES OR BEST INTERESTS OF THE WARD, THE INDIVIDUAL MAY PETITION THE PROBATE COURT TO HAVE THE POST FORM AND THE CONDITIONS OF ITS EXECUTION REVIEWED. IF THE PROBATE COURT FINDS THAT THE POST FORM HAS BEEN EXECUTED CONTRARY TO THE WISHES OF THE PATIENT OR, IF THE PATIENT IS A WARD, CONTRARY TO THE WISHES OR BEST INTERESTS OF THE WARD, THE PROBATE COURT SHALL ISSUE AN INJUNCTION VOIDING THE EFFECTIVENESS OF THE POST FORM AND PROHIBITING COMPLIANCE WITH THE POST FORM.

SEC. 5683. (1) A LIFE INSURER SHALL NOT DO ANY OF THE FOLLOWING BECAUSE OF THE EXECUTION OR IMPLEMENTATION OF A POST FORM:

(A) REFUSE TO PROVIDE OR CONTINUE COVERAGE TO THE PATIENT.

(B) CHARGE THE PATIENT A HIGHER PREMIUM.

(C) OFFER A PATIENT DIFFERENT POLICY TERMS BECAUSE THE PATIENT HAS EXECUTED A POST FORM.

(D) CONSIDER THE TERMS OF AN EXISTING POLICY OF LIFE INSURANCE TO HAVE BEEN BREACHED OR MODIFIED.

(E) INVOKE A SUICIDE OR INTENTIONAL DEATH EXEMPTION OR EXCLUSION IN A POLICY COVERING THE PATIENT.

(2) A HEALTH INSURER SHALL NOT DO ANY OF THE FOLLOWING:

(A) REQUIRE THE EXECUTION OF A POST FORM TO MAINTAIN OR BE ELIGIBLE FOR COVERAGE.

(B) CHARGE A DIFFERENT PREMIUM BASED ON WHETHER A PATIENT OR PATIENT REPRESENTATIVE HAS EXECUTED A POST FORM.

(C) CONSIDER THE TERMS OF AN EXISTING POLICY TO HAVE BEEN BREACHED OR MODIFIED IF THE PATIENT OR PATIENT REPRESENTATIVE HAS EXECUTED A POST FORM.

SEC. 5684. (1) THE PROVISIONS OF THIS PART ARE CUMULATIVE AND DO NOT IMPAIR OR SUPERSEDE A LEGAL RIGHT THAT A PATIENT OR PATIENT REPRESENTATIVE MAY HAVE TO CONSENT TO OR REFUSE MEDICAL TREATMENT FOR HIMSELF OR HERSELF OR ON BEHALF OF ANOTHER.

(2) THIS PART DOES NOT CREATE A PRESUMPTION THAT A PATIENT WHO HAS EXECUTED A POST FORM INTENDS TO CONSENT TO OR REFUSE MEDICAL TREATMENT THAT IS NOT ADDRESSED IN THE MEDICAL ORDERS ON THE POST FORM.

(3) THIS PART DOES NOT CREATE A PRESUMPTION THAT A PATIENT OR PATIENT REPRESENTATIVE WHO HAS NOT EXECUTED A POST FORM INTENDS TO CONSENT TO OR REFUSE ANY TYPE OF MEDICAL TREATMENT.

SEC. 5685. (1) WITHIN 3 YEARS AFTER THE EFFECTIVE DATE OF THE

AMENDATORY ACT THAT ADDED THIS PART, THE DIRECTOR SHALL APPOINT AN AD HOC ADVISORY COMMITTEE [CONSISTING OF 11 MEMBERS] IN THE SAME MANNER AS DESCRIBED IN SECTION 5675.

(2) THE DIRECTOR SHALL CALL THE FIRST MEETING OF THE COMMITTEE.

(3) WITHIN 90 DAYS AFTER THE FIRST MEETING OF THE COMMITTEE IS CONVENED, THE COMMITTEE SHALL SUBMIT A REPORT TO THE DEPARTMENT THAT CONTAINS RECOMMENDATIONS ON ALL OF THE FOLLOWING:

(A) ANY CHANGES TO THE RULES PROMULGATED UNDER SECTION 5676 THAT THE COMMITTEE CONSIDERS NECESSARY OR APPROPRIATE.

(B) ANY CHANGES TO THE POST FORM THAT THE COMMITTEE CONSIDERS NECESSARY OR APPROPRIATE. [IS IT YOUR INTENT TO INCLUDE RECOMMENDATIONS ON CHANGES TO THE INFORMATION FORM?]

(C) ANY LEGISLATIVE CHANGES TO THIS PART THAT THE COMMITTEE CONSIDERS NECESSARY OR APPROPRIATE.

(4) AFTER THE DEPARTMENT RECEIVES THE RECOMMENDATIONS FROM THE COMMITTEE UNDER SUBSECTION (3), THE COMMITTEE IS ABOLISHED.

(5) AS USED IN THIS SECTION, "COMMITTEE" MEANS THE AD HOC ADVISORY COMMITTEE APPOINTED UNDER SUBSECTION (1).

SEC. 20192A. A HEALTH FACILITY OR AGENCY SHALL NOT REQUIRE THE EXECUTION OF A POST FORM UNDER PART 56B AS A CONDITION FOR ADMISSION OR THE RECEIPT OF SERVICES.

Sec. 20919. (1) A medical control authority shall establish written protocols for the practice of life support agencies and licensed emergency medical services personnel within its region. The medical control authority shall develop and adopt the protocols required under this section in accordance with procedures

established by the department and shall include all of the following:

(a) The acts, tasks, or functions that may be performed by each type of emergency medical services personnel licensed under this part.

(b) Medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical services system.

(c) Protocols for complying with the Michigan do-not-resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067.

(d) Protocols defining the process, actions, and sanctions a medical control authority may use in holding a life support agency or personnel accountable.

(e) Protocols to ensure that if the medical control authority determines that an immediate threat to the public health, safety, or welfare exists, appropriate action to remove medical control can immediately be taken until the medical control authority has had the opportunity to review the matter at a medical control authority hearing. The protocols must require that the hearing is held within 3 business days after the medical control authority's determination.

(f) Protocols to ensure that if medical control has been removed from a participant in an emergency medical services system, the participant does not provide prehospital care until medical control is reinstated ~~,—~~and that the medical control authority that removed the medical control notifies the department **OF THE REMOVAL** within 1 business day. ~~of the removal.~~

(g) Protocols to ensure that a quality improvement program is in place within a medical control authority and provides data protection as provided in 1967 PA 270, MCL 331.531 to 331.534.

(h) Protocols to ensure that an appropriate appeals process is in place.

(i) Protocols to ensure that each life support agency that provides basic life support, limited advanced life support, or advanced life support is equipped with epinephrine or epinephrine auto-injectors and that each emergency services personnel authorized to provide those services is properly trained to recognize an anaphylactic reaction, to administer the epinephrine, and to dispose of the epinephrine auto-injector or vial.

(j) Protocols to ensure that each life support vehicle that is dispatched and responding to provide medical first response life support, basic life support, or limited advanced life support is equipped with an automated external defibrillator and that each emergency **MEDICAL** services personnel is properly trained to utilize the automated external defibrillator.

(k) Except as otherwise provided in this subdivision, ~~within 12 months after the effective date of the amendatory act that added this subdivision,~~ **BEFORE OCTOBER 15, 2015**, protocols to ensure that each life support vehicle that is dispatched and responding to provide medical first response life support, basic life support, or limited advanced life support is equipped with opioid antagonists and that each emergency **MEDICAL** services personnel is properly trained to administer opioid antagonists. Beginning ~~3 years after the effective date of the amendatory act that added this~~

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~~subdivision,~~ **OCTOBER 14, 2017**, a medical control authority, at its discretion, may rescind or continue the protocol adopted under this subdivision.

(l) PROTOCOLS FOR COMPLYING WITH PART 56B.

(2) A medical control authority shall not establish a protocol under this section that conflicts with the Michigan do-not-resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067, **OR PART 56B.**

(3) The department shall establish procedures for the development and adoption of written protocols under this section. The procedures must include at least all of the following requirements:

(a) At least 60 days before adoption of a protocol, the medical control authority shall circulate a written draft of the proposed protocol to all significantly affected persons within the emergency medical services system served by the medical control authority and submit the written draft to the department for approval.

(b) The department shall review a proposed protocol for consistency with other protocols concerning similar subject matter that have already been established in this state and shall consider any written comments received from interested persons in its review.

(c) Within 60 days after receiving a written draft of a proposed protocol from a medical control authority, the department shall provide a written recommendation to the medical control authority with any comments or suggested changes on the proposed

protocol. If the department does not respond within 60 days after receiving the written draft, the proposed protocol is considered to be approved by the department.

(d) After department approval of a proposed protocol, the medical control authority may formally adopt and implement the protocol.

(e) A medical control authority may establish an emergency protocol necessary to preserve the health or safety of individuals within its region in response to a present medical emergency or disaster without following the procedures established by the department under this subsection for an ordinary protocol. An emergency protocol established under this subdivision is effective only for a limited period and does not take permanent effect unless it is approved according to the procedures established by the department under this subsection.

(4) A medical control authority shall provide an opportunity for an affected participant in an emergency medical services system to appeal a decision of the medical control authority. Following appeal, the medical control authority may affirm, suspend, or revoke its original decision. After appeals to the medical control authority have been exhausted, the affected participant in an emergency medical services system may appeal the medical control authority's decision to the state emergency medical services coordination committee created in section 20915. The state emergency medical services coordination committee shall issue an opinion on whether the actions or decisions of the medical control authority are in accordance with the department-approved protocols

of the medical control authority and state law. If the state emergency medical services coordination committee determines in its opinion that the actions or decisions of the medical control authority are not in accordance with the medical control authority's department-approved protocols or with state law, the state emergency medical services coordination committee shall recommend that the department take any enforcement action authorized under this code.

(5) If adopted in protocols approved by the department, a medical control authority may require life support agencies within its region to meet reasonable additional standards for equipment and personnel, other than medical first responders, that may be more stringent than are otherwise required under this part. If a medical control authority proposes a protocol that establishes additional standards for equipment and personnel, the medical control authority and the department shall consider the medical and economic impact on the local community, the need for communities to do long-term planning, and the availability of personnel. If either the medical control authority or the department determines that negative medical or economic impacts outweigh the benefits of those additional standards as they affect public health, safety, and welfare, the medical control authority shall not adopt and the department shall not approve protocols containing those additional standards.

(6) If adopted in protocols approved by the department, a medical control authority may require medical first response services and licensed medical first responders within its region to

meet additional standards for equipment and personnel to ensure that each medical first response service is equipped with an epinephrine auto-injector, and that each licensed medical first responder is properly trained to recognize an anaphylactic reaction and to administer and dispose of the epinephrine auto-injector, if a life support agency that provides basic life support, limited advanced life support, or advanced life support is not readily available in that location.

(7) If a decision of the medical control authority under subsection (5) or (6) is appealed by an affected person, the medical control authority shall make available, in writing, the medical and economic information it considered in making its decision. On appeal, the state emergency medical services coordination committee **CREATED IN SECTION 20915** shall review this information under subsection (4) and shall issue its findings in writing.

Enacting section 1. This amendatory act takes effect 90 days after the date it is enacted into law.

Enacting section 2. This amendatory act does not take effect unless all of the following bills of the 98th Legislature are enacted into law:

(a) House Bill No. 5479.

(b) House Bill No. 5480.

(c) House Bill No. 5481.

POLST ILLINOIS

Physician Orders for Life Sustaining Treatment

Guidance for Illinois Healthcare Professionals and Providers

March 2013

Table of Contents

What is POLST?

People have the moral and legal right to make their own health care decisions. Advance health care directives can help people communicate their treatment preferences during situations of decisional incapacity when they would otherwise be unable to communicate their wishes. Healthcare professionals caring for persons in various settings may in good faith initiate or withhold treatments based on wishes expressed in the advance health care directive. Unfortunately, the wishes expressed by an advance health care directive may, in some cases, not be honored due to the unavailability of completed forms or a health care professional's inability to translate the language of the document into orders for treatment of specific medical conditions.

In accordance with PA-97-0382, a state-wide taskforce was assembled in 2012 to make recommendations to the Illinois Department of Public Health regarding how to modify the current IDPH Uniform DNR Advance Directive so that it may also reflect the standards of the national Physician Orders for Life-Sustaining Treatment (POLST) program. POLST is a national evidence-based program that embraces an informed shared decision-making model and uses a standardized form containing orders by qualified physicians that detail the scope and intensity of emergency medical treatment based upon the patient's wishes. With this document, Illinois is moving to the same advance directive format now used by the majority of the rest of the states. The POLST document is designed to promote patient autonomy by helping health care professionals understand and honor the treatment wishes of their patients. The document was developed initially in Oregon in 1991 by a multi-disciplinary task force convened by the Center for Ethics in Health Care and Oregon Health & Science University.

The POLST document is a short summary of treatment preferences and medical orders for care that is easy to interpret in an emergency situation. Use of the form is intended to enhance the advance care planning process by translating the patient's treatment wishes into a recognized medical order, centralizing information, facilitating record-keeping, and ensuring HIPAA compliant transfer of appropriate information among health care professionals and providers across settings. Use of the POLST form is completely voluntary and its use is in accordance with Illinois law.

The medical orders contained in the IDPH POLST form direct the *initial* care of the patient by emergency providers. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, the patient's treatment wishes may change. The patient's medical care and/or the POLST form can be changed to reflect new preferences and treatment choices. However, no form can address all the medical treatment decisions that may need to be made.

The POLST document is expected to complement other advance health care directives - if they have been completed - with the goal of promoting the autonomy of the person and enhancing the quality of their care. The POLST decision-making process works best when the person has also appointed a health care agent to speak for them when/if they are unable to speak for themselves. A health care agent, or PoA, can only be

appointed through an advance health care directive called a health care power of attorney. Depending on the state, a POLST advance directive completed in Illinois may or may not be legally recognized in other states.

The *original* IDPH Uniform DNR Advance Directive form only allowed persons to exercise their right to refuse CPR in case of full cardiac arrest. The *new* form now clarifies the full range of options that are available to individuals, from full treatment, to limited treatment or trial periods, to a request to only be made as comfortable as possible while refusing aggressive medical treatments. Because the new form can be used to request, as well as refuse, certain treatments, healthcare providers should carefully examine the form for guidance.

• NOT JUST DNR

The Illinois POLST Task Force is comprised of health care professionals and representatives from health care organizations, health-related state agencies, and governing bodies. The Task Force developed this guidance to take into account other relevant Illinois statutes.

In Summary:

- The POLST form is signed by the patients' physician, thereby converting the person's wishes into an *actionable medical order* that all other physicians, nurse practitioners, physician assistants, long-term care facilities, hospices, home health agencies, emergency medical services, and hospital staff are required by law to honor.
- A POLST form clarifies emergency treatment interventions that seriously ill persons *would or would not want* in the event of life-threatening emergency.
- It is both a document for guiding discussions about care in the event of life-threatening illness, and also a set of instructions that health care professionals must honor when presented with a valid form.
- Health care professionals and providers are legally protected from liability if, in good faith, they honor the instructions contained in a POLST form.
- The POLST form travels *with* the patient to ensure that treatment preferences are honored across all settings of care.
- The new POLST form allows patients to specify preferences for a wider range of emergency treatment options than did the IDPH Uniform DNR Advance Directive, which the new form replaces.[1]
- The form is recommended for patients for whom death within a year would not be unexpected, or for those persons with strong treatment preferences. It is intended to augment, not replace, appropriate advance care planning for all adults regardless of health status.

Replaced

w/i 1 year

[1] PA-97-0382, effective January 1, 2012

Who Should Have a POLST Form?

The POLST form is recommended for:

- Persons of any age for whom death within the next year would not be unexpected, and/or
- Patients with advanced illness or frailty and limited life expectancy; and/or
- Patients who may lose the capacity to make their own health care decisions in the next year; (such as persons living with dementia) and/or
- Persons with strong preferences about current or anticipated end-of-life care.

A general rule of thumb in determining whether a POLST form could be integrated into the advance care planning process is the question, "Would I be surprised if this patient died or lost decision-making capacity in the next 12 months"? If the answer is, "No I would not be surprised," then a goals-of-care discussion and advance care planning with POLST is appropriate to consider. The POLST form is also recommended for hospitalized patients being discharged to a custodial nursing home or hospice program.

The POLST form may also be appropriate for patients who have strong preferences regarding specific medical interventions, such as the use of mechanical ventilation or long-term artificial nutrition.

Unless it is the patient's preference, use of the POLST form to limit treatment is not appropriate for patients with chronic, stable medical or functionally disabling problems who have many years of life expectancy.

How to Use the POLST form

Overview

Completion of the POLST form is voluntary, and the goal of the form is to ensure that the patient receives the level of care desired.

The POLST form may be completed after a discussion with the person - or if the person lacks decision-making capacity after a conversation with his/her health care agent or health care surrogate - regarding treatment preferences in light of overall goals of care. It is recommended that professionals undertaking conversations with individuals about their end-of-life treatment take steps to ensure that they have acquired the appropriate skills to have this conversation. These skills are usually the result of some form of formal training in end-of-life conversations. The document may be completed by physicians as well as other trained health care professionals, however at this time it must be signed by the attending physician who assumes responsibility for the medical indications of the orders and for assuring that they accurately reflect the individual's values.

The POLST is a double-sided bright pink form. The pink color is recommended for easier visibility; however the form is still valid if it is completed on white paper. All copies of the form are also valid. When completing the original form, it is recommended that a

single original contain all of the required signatures. Thus, faxed signatures and telephone orders are discouraged and should be used only as a last resort to ensure the patient does not lose the opportunity to complete a form if they want one.

One side of the document contains the "Physician Orders for Life-Sustaining Treatment" (Sections A - E). The other side of the form provides space to indicate the patient's health care contact information and space for the signature of the health care professional who prepares the form for review.

The POLST form requires the signature of either the individual or the individual's legal decision-maker to make the form valid. The signature of the individual (or the legal decision-maker if the individual lacks decision- making capacity) provides evidence that the responsible party agrees with the orders on the form. In this respect, the requirement that patients or their legal decision-maker review and sign the form provides a safeguard for patients that the orders on the form accurately convey their preferences.

POLST provides documentation of a person's preferences and provides life-sustaining treatment orders which reflect these values. In institutional settings, the POLST form should be the first document in the clinical record. In other settings, it is recommended that the form be placed inside an envelope (to protect privacy) and placed in an easily accessible standardized location. In a person's home, this location may be attached to the outside of the kitchen refrigerator. For those persons in institutional settings, the original form should accompany the person upon transfer from one setting to another. A copy of the POLST should be kept in the individual's medical record.

HIPAA

HIPAA permits disclosure of POLST to other health care professionals and providers across treatment settings. Copies and faxes of the POLST form should be honored by healthcare professionals but because the original should stay with the person at all times, the original is preferred. Copies should be placed in the medical record in an easily accessible location.

Sometimes a person is evaluated in a setting (e.g. hospital emergency department) and has a POLST form completed by a physician not on medical staff of the facility. Some emergency physicians and admitting physicians have been reluctant to automatically follow the POLST orders without first examining the patient and reassessing the person's values in the current clinical situation. It is important to recognize that POLST orders are intended for emergency situations and there may be a need to follow the orders before a complete reassessment and informed consent conversation can be completed. Healthcare professionals and providers are legally protected for following the medical orders contained in the POLST form in good faith. The Task Force recommends that POLST orders be followed until a review is completed by the accepting health care professionals and a conversation can take place with the appropriate decision-maker.

In Summary:

- Completion of the POLST form is entirely voluntary.
- Healthcare providers may assist the individual in completing a POLST form; however it must be signed by the attending physician.
- The POLST form has two sides, all of the orders are contained on the first side and the back side contains contact information, information about other Advance Directives, and a summary of instructions for completing/voiding/reviewing the form.
- The recommended color for the original form is bright pink, however any color is valid.
- Copies and faxes of a valid form are also valid.
- It is recommended that the original form contain all necessary signatures (not faxed or telephone orders unless absolutely necessary) and that the original travels with the patient when transferred from care setting to care setting.
- HIPPA permits the disclosure of POLST information to other health care providers.
- Providers must follow the instructions of a valid form – they are legally protected if they follow the instructions on the POLST form in good faith.

Section by Section Review of the POLST Form

The POLST form is a two-sided document. The front side of the form contains the provider orders and signatures (Sections A-E). The back side includes an area for documentation of other advance directives and directions for health care professionals and providers. The back side is for informational purposes only. If multiple forms exist, the form with the most recent date is the form to be followed.

A patient may change their mind at any time. If the patient wishes to make changes to the instructions on the form, it is recommended that a new form be created. The old form should be voided by writing "VOID" across the front of the form, along with the date that the form was voided.

POLST Form, Side One.
Sections A, D, and E must be completed in order to have a valid form.

Section A: Cardiopulmonary Resuscitation (CPR):
Patient has no pulse and is not breathing

Section B: Medical Interventions:
Patient has a pulse and/or is breathing and is in need of emergency treatment

Section C: Options for Artificially Administered Nutrition
Food will always be offered by mouth if feasible and if desired

Section D: Documentation of Discussion
Signature of the individual or his/her legal representative and a witness

Section E: Signature of Attending Physician.

If no choices are in sections B and C, all necessary life-sustaining treatment should be provided until such time as the patient, PoA or Surrogate can clarify the patient's wishes based on their current state of health.

Section A: CPR for patient who has no pulse and is not breathing.

A Check One.	CARDIOPULMONARY RESUSCITATION (CPR) Patient has no pulse *and* is not breathing.
	❑ Attempt Resuscitation/CPR (*Selecting CPR means* Intubation and Mechanical Ventilation *in Section* B *is selected*)
	❑ Do Not Attempt Resuscitation/DNR
	When not in cardiopulmonary arrest, follow orders B and C.

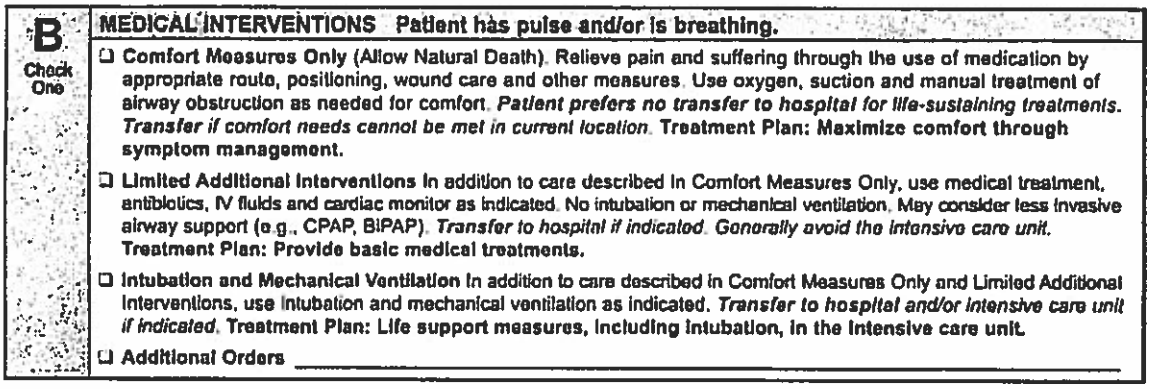
Section A answers the question "Should we attempt CPR for this individual who has died?" Thus, this section provides instructions for those individuals whose hearts have completely stopped beating and who are not breathing. Unlike previous versions of the IDPH DNR Advance Directive, the new form allows individuals to indicate that they would accept CPR if in cardiac arrest, an addition to the option of refusing CPR. Thus the new form is NOT only a DNR directive, and particular care should be taken to ensure an adequate translation of the patient's wishes take place during an emergency. The success of resuscitation is dependent on many variables, including the individual's overall health and how long the brain has been deprived of oxygen.

Section A does not apply to a patient in respiratory distress, because s/he is still breathing. Similarly, this section does not apply to a patient who has an irregular pulse or low blood pressure because he/she has a pulse. For these situations, the emergency responder should refer to section B (described below) and follow the indicated orders.

If the "Attempt Resuscitation/CPR" box is checked, full CPR measures should be initiated with transfer to an appropriate treatment facility or level of care.

If the "Do Not Attempt Resuscitation/DNR" box is checked, CPR should not be performed. If there is any question if the patient still has a pulse or is breathing, directions in Section B should be followed. The dignity of the individual should be protected at all times.

Section B: Medical Interventions for individuals with a pulse and/or who is still breathing.



B Check One

MEDICAL INTERVENTIONS Patient has pulse and/or is breathing.

- ☐ **Comfort Measures Only (Allow Natural Death).** Relieve pain and suffering through the use of medication by appropriate route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.*** **Treatment Plan: Maximize comfort through symptom management.**
- ☐ **Limited Additional Interventions** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation or mechanical ventilation. May consider less invasive airway support (e.g., CPAP, BiPAP). ***Transfer to hospital if indicated. Generally avoid the intensive care unit.*** **Treatment Plan: Provide basic medical treatments.**
- ☐ **Intubation and Mechanical Ventilation** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation and mechanical ventilation as indicated. ***Transfer to hospital and/or intensive care unit if indicated.*** **Treatment Plan: Life support measures, including intubation, in the intensive care unit.**
- ☐ **Additional Orders** _____

In addition to orders for a full arrest situation, the new POLST form allows individuals to specify the intensity of medical interventions when they experience a life-threatening emergency but still have a pulse or are still breathing. The success of medical interventions is based on a number of variables, but may be much higher than resuscitation for full arrest, depending on the patient's medical condition. If no box is marked, all indicated treatments should be administered until such time as the patient or their legal representative can provide further guidance.

If the patient has marked Attempt CPR in Section A, then Intubation and Mechanical Ventilation must be chosen in Section B. If Comfort or Limited Interventions are attempted and fail and the patient proceeds to full arrest, full CPR will be performed anyway, thus defeating the purpose of marking Comfort or Limited Interventions. Professionals who are assisting individuals in completing a POLST form should take extreme care to ensure that conflicting orders are not entered in Sections A and B.

Similarly, just because an individual wishes *not* to be resuscitated in the event of a full arrest (DNR in Section A), medical interventions should not be withheld from a patient who has a pulse or is still breathing unless Comfort Only or Limited Interventions is marked and the patient has a medical condition that falls under the scope of those instructions. In a recent study of POLST documents in Oregon, investigators found that half of the individuals who selected DNR in Section A still wanted some form of medical intervention in non-cardiac arrest circumstances.

Comfort care should always be provided regardless of the indicated level of emergency medical treatment. Other instructions may also be specified next to Additional Orders. Additional orders may address issues such as dialysis, surgery, blood transfusions, etc.

Comfort Measures Only indicates a desire for only those interventions that maximize comfort through symptom management. Antibiotics may be used if they serve as a comfort measure. Refer appropriate patients when eligible to hospice. Use medication by any route, positioning, wound care, and oxygen, suction and manual treatment of

airway obstruction (choking) as needed for comfort. The patient prefers not to be transferred to a hospital unless comfort needs cannot be met in the current location. Sometimes it is necessary to transfer patients to the hospital to control their suffering. Examples include wound care (immediate and ongoing pain relief, control of bleeding, cleaning, wound closing and dressing as needed to optimize hygiene), positioning for comfort, manual airway opening and stabilization of any fracture by splinting and/or surgery (with the goal to control pain).

Limited Additional Interventions includes the comfort measures indicated above, as well as IV fluids and cardiac monitoring and treatment as indicated. *Do not use intubation or mechanical ventilation.* Transfer to hospital may be indicated, but use of intensive care is avoided. This is selected when patients would want hospitalization and treatments for reversible conditions or exacerbations of their underlying illness that might restore them to their current state of health; e.g. hospitalization or antibiotics for pneumonia. Additional clarifying orders to the patient's preferences can be written under Additional Orders. For example, a person may have underlying chronic renal failure that does not require dialysis, and s/he may not want dialysis should the renal failure become more acute.

Intubation and Mechanical Ventilation (or Full Treatment) includes all care above with no limitation of medically indicated treatment. All support measures needed to maintain and extend life are utilized. Use intubation, advanced airway interventions, vasopressors, mechanical ventilation and electrical cardioversion as indicated. Transfer to hospital and use intensive care as medically indicated. If a person wishes to avoid any aspect of advanced cardiac life support (ACLS) such as chest compressions, defibrillation, intubation, or medications then Intubation and Mechanical Ventilation is not an appropriate choice.

If an individual elects to Attempt CPR in Section A, Intubation and Mechanical Ventilation must be selected in Section B.

Section C: Artificially Administered Nutrition.

C	ARTIFICIALLY ADMINISTERED NUTRITION Offer food by mouth, if feasible and as desired.	
Check One (optional)	❑ No artificial nutrition by tube. ❑ Defined trial period of artificial nutrition by tube. ❑ Long-term artificial nutrition by tube.	Additional Instructions (e.g., length of trial period) _____ _____

These orders indicate the person's instructions regarding the use of artificially administered nutrition for a person who cannot take adequate food or fluids by mouth. Oral fluids and nutrition must always be offered to the person if they are desired and it is medically feasible.

If long-term artificial hydration and nutrition by tube is medically indicated and desired by the person, then the appropriate box is checked.

Sometimes a defined trial period of artificial nutrition by tube can allow time to determine the course of an illness or allow the person an opportunity to clarify his/her goals of care. Depending on the length of the trial period, providers may want to consider using less invasive forms of tube feeding before deciding on permanent placement options.

No artificial hydration and nutrition by tube is provided for a person who refuses this treatment or if it is not medically indicated. An example of not medically indicated is in persons with advanced progressive dementia where studies show that individuals do not live longer with a permanent feeding tube and often experience uncomfortable side effects.

Additional Instructions may be used to identify the individual's related values and beliefs about living well. It may also include the preferred length of the trial period.

Section D: Documentation of Discussion.

D	DOCUMENTATION OF DISCUSSION (Check all appropriate boxes below)		
	❑ Patient	❑ Agent under health care power of attorney	
	❑ Parent of minor	❑ Health care surrogate decision maker (See Page 2 for priority list)	
	Signature of Patient or Legal Representative		
	Signature *(required)*	Name (print)	Date
	Signature of Witness to Consent (Witness required for a valid form) I am 18 years of age or older and acknowledge the above person has had an opportunity to read this form and have witnessed the giving of consent by the above person or the above person has acknowledged his/her signature or mark on this form in my presence.		
	Signature *(required)*	Name (print)	Date

The professional completing the form should check the box indicating with whom the orders were discussed. This is especially important when the form is being completed by the patient, so that future care providers will know that these orders represent the patient's known wishes.

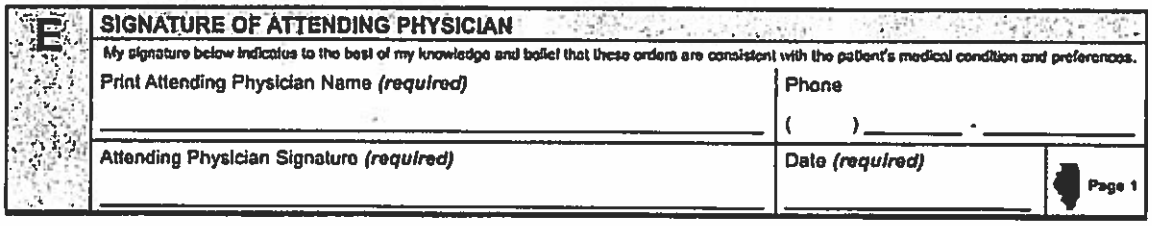
The form should be signed by the patient who has decisional capacity whenever possible. "Decisional capacity" means the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment and the ability to reach and communicate an informed decision. If the patient lacks decisional capacity, and is not expected to regain that capacity in time to make decisions, the patient's decisional-capacity assessment should be documented in the medical record before the POLST form can be signed by the individual's legal representative. A legal representative may be a Power of Attorney (PoA), or if there is no PoA, the properly appointed Surrogate (see the Illinois Healthcare Surrogate Act for the full appointing instructions).

The signature of the individual (or the Legal Representative) provides evidence that the responsible party agrees with the orders on the form. In this respect, the requirement

that patients or their legal decision-maker review and sign the form provides a safeguard for patients that the orders on the form accurately convey the patient's preferences.

The form requires the signature of one witness over the age of 18 who attests that the patient or legal representative has had an opportunity to read the form, and has signed the form or acknowledged his or her signature or mark on the form in the witness's presence. A family member or healthcare professional who is not directly caring for the patient often makes a good witness.

Section E: Signature of Attending Physician.



Currently, Illinois law requires the signature of an attending physician who assumes responsibility for the medical indications of the orders and for assuring that they accurately reflect the individual's values and treatment preferences.

When completing the original form, it is recommended that a single original contain all of the required signatures. Thus, faxed signatures and telephone orders are discouraged and should be used only as a last resort to ensure the patient does not lose the opportunity to complete a form if they want one.

A completed POLST form that does not contain the signature of an attending physician is NOT valid.

The Reverse Side of the POLST Form

THIS SIDE FOR INFORMATIONAL PURPOSES ONLY		
Patient Last Name	Patient First Name	MI
The Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive is **always voluntary** and is for persons with advanced or serious illness or frailty. This order records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. The Power of Attorney for Health Care Advance Directive form (POAHC) is recommended for all capable adults, regardless of their health status. A POAHC allows you to document, in detail, your future health care instructions and name a Legal Representative to speak for you if you are unable to speak for yourself.		
Advance Directive Information		
I also have the following advance directives (OPTIONAL)		
❑ Health Care Power of Attorney ❑ Living Will Declaration ❑ Mental Health Treatment Preference Declaration		
Contact Person Name	Contact Phone Number	
Health Care Professional Information		
Preparer Name	Phone Number	
Preparer Title	Date Prepared	

The POLST form includes an educational section for the patient and/or legal representative. This section is included to help patients know who the POLST form is intended to serve and the role the POLST form plays in advance care planning.

If the individual has other Advance Directives, that information may be captured in the Advance Directive Information section. It is particularly helpful for future healthcare providers to know of the existence of any other directives and to have the name and phone number of the preferred emergency contact.

In the future, questions may arise when healthcare professionals who were not part of the original conversation go to interpret the orders on the form. It is very helpful then to have the name and phone number of the healthcare professional who assisted in the preparation of the original form. That name and number should be included in the Health Care Professional Information section.

Other Instructions Included on Back of Form:

Completing the IDPH Uniform Do Not Resuscitate (DNR) Advance Directive Form

- **The completion of a DNR form is always voluntary, cannot be mandated and may be changed at any time.**
- A DNR form should reflect current preferences of persons with advanced or serious illness or frailty. Also, encourage completion of a POAHC.
- Verbal/phone orders are acceptable with follow-up signature by attending physician in accordance with facility/community policy.
- Use of original form is encouraged. Photocopies and faxes on any color of paper also are legal and valid forms.

Reviewing a Do Not Resuscitate (DNR) Advance Directive Form

This DNR form should be reviewed periodically and if:

- The patient is transferred from one care setting or care level to another,
- or there is a substantial change in the patient's health status,
- or the patient's treatment preferences change,
- or the patient's primary care professional changes.

Voiding or revoking a Do Not Resuscitate (DNR) Advance Directive Form

- A patient with capacity can void or revoke the form, and/or request alternative treatment.
- Changing, modifying or revising a DNR form requires completion of a new DNR form.
- Draw line through sections A through E and write "VOID" in large letters if any DNR form is replaced or becomes invalid. Beneath the written "VOID" write in the date of change and re-sign.
- If included in an electronic medical record, follow all voiding procedures of facility.

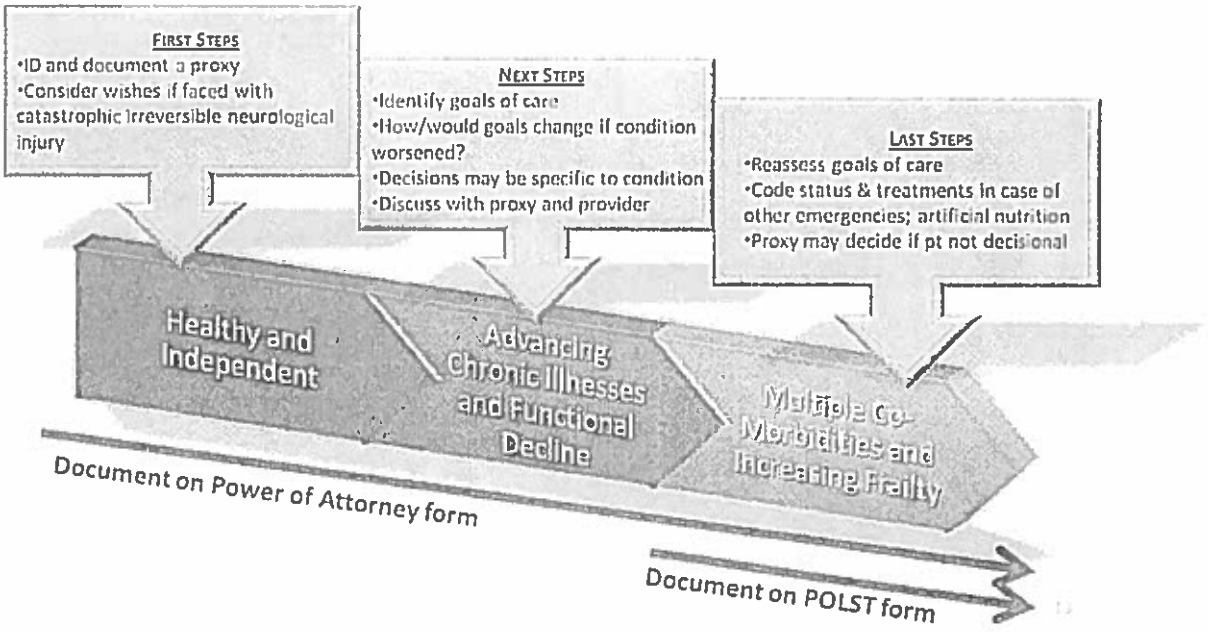
Illinois Health Care Surrogate Act (755 ILCS 40/25) Priority Order

1. Patient's guardian of person
2. Patient's spouse or partner of a registered civil union
3. Adult child
4. Parent
5. Adult sibling
6. Adult grandchild
7. A close friend of the patient
8. The patient's guardian of the estate

For more information, visit the IDPH Statement of Illinois law at
http://www.idph.state.il.us/public/books/advin.htm

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996) PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT

How the Power of Attorney for Health Care and POLST Work Together



The Power of Attorney for Health Care Document

Recommended for all decisional adults – regardless of their health status – the Power of Attorney for Health Care is the legal document for Illinois that allows individuals to:

- Appoint a proxy decision-maker, known as an agent, to make health care decisions if an individual becomes unable to speak for themselves; and
- Provide general, non-binding statement of preferences for end-of-life care to serve as guidance for the agent (optional).

The agent should act in accordance with the patient's known or predicted preferences. If the patient's wishes are unknown and cannot be predicted, the decision-maker should act in the patient's best interest. Medical care for patients without decision-making capacity is enhanced by a Power of Attorney for Health Care document because the power of attorney should continue to make decisions based on the patients' wishes even when the patient becomes incapacitated and cannot direct his/her own care.

Key Differences between the Power of Attorney for Health Care (POAHC) and POLST

- The Power of Attorney for Health Care is not a medical order. Since emergency medical technicians (EMTs) cannot limit care in an emergency with only a POAHC document, unwanted treatments may be initiated.

- The POLST is a medical order that directs the initial care of the patient by EMT's and other first responders.
- A person uses the POAHC to appoint an agent to make medical decisions should he/she become incapacitated. The POAHC agent may also communicate a person's treatment preferences.

- POLST forms are recommended for patients with advanced illness or frailty, or patients with strong preferences about current or anticipated end-of life-care. POAHC documents are recommended for all decisional adults, regardless of their health status.

How the POAHC and POLST can Work Together
The POLST form and the Power of Attorney for Health Care work together for patients engaging in "Last Steps" advance care planning to ensure patient wishes are followed. The POLST form is not intended to replace a Power of Attorney for Health Care document or other medical orders.

Patients with decisional capacity can change the POLST form at any time to reflect changing circumstances – for example, when treatment has been initiated and more medical information becomes available regarding diagnosis, prognosis and potential outcomes, the patient's goals and preferences may change.

If, however, the patient becomes incapacitated, the agent and the guidelines in a POAHC form play an important role in developing goals for care consistent with the patient wishes in their new state of health. The agent would participate in updating POLST orders to be consistent with a patient's preferences as the patient's health status changes.

Implementing the POLST Form

Overview

The Patient Discussion
Advance Care Planning is an important means of promoting respect for self-determination and in improving end-of-life care; the POLST discussion is critical to that process for appropriate patients (see p.2 "Who Should Have a POLST Form?"). The literature suggests that patients are waiting for their health care professionals and providers to broach the topic. However, many health care professionals and providers feel that they do not have the time or the skills to facilitate Advance Care Planning/POLST discussions. Many educational resources exist for Advance Care Planning facilitation training, which is beyond the scope of this document.

Ideally, the discussion is conducted with the patient. However, if the patient lacks decisional capacity, the provider instead consults with the appropriate substitute decision-maker called the legal representative Studies consistently show that decisions made by substitute decision-makers, rather than patients (if decisional), are more medically aggressive and less accurate to the patient's own preferences.

Decisional capacity is not "all or nothing"; the patient may be able to make some but not all decisions. Many educational resources exist for training in assessing decisional capacity, which is beyond the scope of this document. When the discussion and form are completed by a legal representative, it should be reviewed with a patient who has subsequently regained decisional capacity to ensure that the patient agrees to the provisions.

The POLST form should be completed following discussion with the patient, or where appropriate, the legal representative, based on the patient's overall condition and treatment preferences.

The POLST discussion may be facilitated by health care professionals and providers other than a physician, including nurses, social workers, chaplains, care managers and ethicists, who have knowledge of end-of-life care issues and have been trained to conduct these conversations. The same provider staff may also assist the patient or legal representative with the completion of the POLST form; however, the form must be signed by an attending physician. "Attending physician" means the physician selected by or assigned to the patient who has primary responsibility for treatment and care of the patient and who is a licensed physician in Illinois. If more than one physician shares that responsibility, any of those physicians may act as the attending physician. (755 ILCS 40/10).

When a Patient is Determined by the Physician to Lack Decisional Capacity to Complete a POLST

For a legal representative to be authorized to act on behalf of a nondecisional patient, the physician must determine based on medical judgment that the patient lacks decisional-capacity. "Decisional capacity" means the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment and the ability to reach and communicate an informed decision.

If the patient is determined by the physician to lack decision-making capacity, the discussion should then involve the appropriate legal representative, who may include:

- The agent appointed by the Power of Attorney for Health Care, or if there is no Power of Attorney, or the Power of Attorney is unavailable, turn to the Surrogate

- Surrogate under the Illinois Health Care Surrogate Act (in hierarchical order)
  - The patient's guardian of the person;
  - The patient's spouse or partner of a registered civil union;
  - Adult son or daughter of the patient;
  - Adult brother or sister of the patient;
  - Adult grandchild of the patient;
  - A close friend of the patient;
  - The patient's guardian of the estate

The Illinois Health Care Surrogate Act specifies:

> *If 2 or more surrogates who are in the same category and have equal priority indicate to the attending physician that they disagree about the health care matter at issue, a majority of the available persons in that category (or the parent with custodial rights) shall control, unless the minority (or the parent without custodial rights) initiates guardianship proceedings in accordance with the Probate Act of 1975. No Health Care Provider or other person is required to seek appointment of a guardian. (755 ILCS 40/25)*

Surrogates under the Illinois Health Care Surrogate Act are restricted from withholding/withdrawing life-sustaining treatment (Sections B and C) unless two physicians have documented in the medical record that the patient has a "qualifying condition."

According to the Surrogate Act, a qualifying condition is: a terminal condition, permanent unconsciousness, or incurable or irreversible condition that will ultimately cause the patient's death despite life-sustaining treatment and such treatment imposes an inhumane or overwhelming burden. This restriction does not apply to DNR orders for a full arrest (Section A). This restriction also does not apply to agents under the Power of Attorney for Health Care.

POLST Form Transmission and Storage

In institutional settings, the POLST should be easily accessible in the clinical record. It is important that institutions create strong policies to insure easy access to the form in an emergency, and protocols for transferring the form with the patient.

In the individual's home or residential facility, it is recommended that the form be kept in readily available place known by caregivers and/or family members, such as a refrigerator or bedroom door. Some states recommend placing the POLST form in a bright red envelope on the refrigerator. The color enhances visibility, while the envelope protects privacy.

The POLST form may be brightly colored for easy identification. "Ultra Pink" is the recommended color, but the document on any color, or white, paper is recognized as valid. Photocopies and Fax copies of the form are valid.

Transferring a Patient with a POLST Form
HIPAA permits disclosure of POLST information to other Health Care Professionals and Providers across settings.

For those persons in institutional settings the original form should accompany the person upon transfer from one setting to another. A copy of the POLST form should be kept in the individual's medical record. Copies of the POLST form must be honored by EMS and other providers.

Identification of Existing IDPH Uniform DNR Advance Directive or POLST Form
A completed previous version of the IDPH Uniform DNR Advance Directive remains valid unless replaced by a new completed form. Both forms may be known as a Uniform DNR Advance Directive. The most current version should be honored.

When the older form is signed by a patient who has subsequently become decisionally incapable and is not expected to regain decisional capacity, the new form should capture the patient's instructions as closely as possible.

When a Substitute Decision-Maker Considers Changes to a POLST Form Previously Completed by a Decisional Patient
When a decisional patient completes a POLST form and subsequently becomes non-decisional, circumstances may arise that call for a reconsideration of the choices reflected on the form.

Extreme care should be exercised if a substitute decision-maker wishes to reverse the direction of care previously established by the patient. If the form documents the patient's refusal of certain forms of treatment, that refusal should continue to be followed until such time as there is new evidence of the patient's wishes in regards to that specific form of treatment. A legal representative may make new decisions, but generally should not be allowed to overturn decisions already made by the patient unless there is evidence that the patient had faulty information or misunderstood the choices that were available.

Specific to the type of substitute decision-maker:

- Identified surrogate(s) under the Illinois Health Care Surrogate Act are restricted from withholding/withdrawing life-sustaining treatment unless two physicians have certified that the patient has a "qualifying condition" (according to the law, one or more of: terminal condition, permanent unconsciousness, incurable or irreversible condition). This restriction does not apply to DNR orders for full arrest.
- If the patient has appointed an agent under Power of Attorney for Health Care, the agent can make the same decisions regarding medical treatment as the patient could when s/he was decisionally-capable. The PoA legally must continue to make decisions that the patient would make for himself or herself. Thus, if there is evidence on the POLST form that the patient has refused a treatment, the PoA needs to assess that decision in light of developing medical evaluations and treatment recommendations.

Additional Considerations

Use of POLST with Children

The POLST form can also be used to clarify treatment orders for children with advanced or serious illness. For a child, either custodial parent or a guardian has the authority and responsibility to consent or refuse consent to health care for minors who are unable to consent for themselves. Section A - Attempt Resuscitation/CPR: Since arrest in most children is primarily respiratory; a child is more likely to be found with a pulse than an adult. If a child has any respiratory effort or pulse the child should be treated as directed under Section B.

Using POLST with an Interpreter

Health care interpreter services should be used when the patient and/or family/surrogate has limited English proficiency. The POLST form must remain in English so that emergency medical personnel can understand and follow the orders. The POLST form is also available in Spanish for educational purposes.

Addressing POLST Prior to Surgery or Other Invasive Procedures

Completion of a POLST form requires discussion and consent from the patient or legal representative. In the same way, if the POLST orders are to be revoked or suspended for the duration of an invasive procedure, consent must be obtained from the patient or legal representative. In advance of the procedure, the health care provider should discuss the patient's objectives in having that procedure and the appropriateness of the POLST orders in light of the proposed procedure. If consent is given for the POLST orders to be reversed prior to a procedure, the provider and patient/legal representative should determine in advance when the POLST orders are to be reinstated after the procedure, and the procedurist must be informed of these plans.

POLST Use for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life

Special consideration is required when completing a POLST form for a patient with significant physical disabilities, developmental disabilities and/or a significant mental health condition. Patients in these groups have the right to both the highest quality of care for their chronic disability and for equally high quality care at the end of their life.

Unfortunately, many patients with disabilities experience bias resulting in under-treatment and/or have their chronic health conditions mistaken for illnesses or conditions nearing the end of life. The challenge to the health care professional and provider is to discern when the patient is transitioning from a stable chronic disability to a terminal illness (see 1. below). The POLST form should not be used solely because a patient has a disability or mental illness.

Evaluation of condition, capacity and identifying appropriate surrogate
To ensure appropriate decisions are being made for the patient, the health care professional and provider should:

1) Determine if the patient has a condition that warrants POLST form completion.
2) Determine if the patient has the capacity to contribute to his/her health care decisions, and
3) If the patient has no decision-making capacity, then determine the appropriate surrogate. It should not be assumed that a patient lacks capacity solely because he or she has a cognitive or psychiatric disability.

Assessment Process

1. Determine if the patient has a condition that warrants POLST form completion.

A POLST form should be completed on the basis of a deteriorating irreversible health condition and not a stable disability. Health care professionals and providers can use several questions to determine if a POLST form is warranted:

- Does the patient have a disease process (not just their stable disability) that is terminal;
- Is the patient experiencing a significant decline in health (such as frequent aspiration pneumonias);
- Is the patient in a palliative care or hospice program; and/or
- Has this patient's level of functioning become more severely impaired as a result of a deteriorating health condition when intervention will not significantly impact the process of decline?

In regards to the rule of thumb question, "you would not be surprised if the person dies within the next year" the sometimes healthcare professionals underestimate the quality of life, and overestimate the mortality of persons with significant disabilities, at times by decades.

2. Determine if the patient has the capacity to make or contribute to his/her health care decisions.

A patient has decision-making capacity if he/she understands basic information, appreciates the consequences of a decision, evaluates the information rationally and can communicate a decision.

People with disabilities have a wide range of abilities. Some can make simple health care decisions, some can make complex ones. Many have the capacity to appoint a health care representative. All patients should be given the opportunity to participate as much as their capacity will allow; individuals should either appoint a health care agent or provide input regarding who should be appointed and patients should be asked to provide input regarding their health care as much as possible.

Even when individuals have lost some of their capacity to make their own decisions, they may still express fears or other wishes that should continue to be respected during the decision-making process. The patient should be involved to the greatest degree possible.

What if the patient never had capacity? For those individuals who have never had decision-making capacity, the process can be challenging. Usually, family members, friends, and staff working with the individual can assist in determining the patient's likes and dislikes, and develop a plan that protects the individual's rights, best interests, and personal preferences.

3. Determine the appropriate substitute decision-maker.
Approach to identifying the appropriate substitute decision-maker for a patient who lacks decisional capacity is described on page 15.

Glossary

POLST - Physician Orders for Life-Sustaining Treatment. A POLST form is a signed medical order for documenting the life-sustaining treatment wishes of seriously ill patients. The POLST form travels *with* the patient to assure that treatment preferences are honored across settings of care.

IDPH Uniform DNR Advance Directive/POLST form - a new document designed to help healthcare professionals and providers, primary care physicians, long-term care facilities, hospices, home health agencies and emergency medical services, know and honor a patient's wishes regarding use of life-sustaining treatments. Revised version of the original IDPH Uniform DNR Advance Directive.

Illinois Health Care Surrogate Act- the Illinois law that assists the health care provider in identifying, by defined hierarchy, the appropriate person to make decisions on behalf of a nondecisional patient who has not completed a Power of Attorney for Health Care Document. http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111&ChapterID=60

POA - Power of Attorney for Health Care - is the legal document for Illinois that allows individuals to:

- Appoint a proxy decision-maker, known as an agent, to make health care decisions if an individual becomes unable to speak for themselves; and
- Provide general, non-binding statement of preferences for end-of-life care to serve as guidance for the agent (optional).

Legal Representative- the individual identified as the appropriate person to make decisions on behalf of a nondecisional patient, this can be a legal guardian, agent under power of attorney for health care, or surrogate under the Illinois Health Care Surrogate Act. This person serves as the "legal representative" in completion of a POLST form when the patient is nondecisional.

Further Information

This form is approved by the Illinois Department of Public Health in cooperation with the statewide POLST Task Force.

For more information on POLST, go to:
http://www.idph.state.il.us/public/books/advin.htm
http://www.cecc.info/resource-links/physicians-order-for-life-sustaining-treatment-polst
http://www.polst.org/

Developed by the POLST Illinois Task Force with representation from emergency medical services, hospitals, nursing homes and hospices; hospital, physician, nursing, care management and hospice specialty organizations; and the Illinois Department of Public Health.

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